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UNFPA INTERNAL AUDIT AND OVERSIGHT ACTIVITIES IN 2000

Report of the Executive Director

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1. This report is submitted in response to a request made by the Executive Board at its second regular session 1996. It provides the Board with a summary of the internal audit and oversight activities of UNFPA in 2000, outlining the key issues in the findings of internal audits and in the oversight activities of the UNFPA Office of Oversight and Evaluation (OOE).

I. ORGANIZATION AND RESOURCES

2. Under the provisions of UNFPA Financial Rule 114.18, the Executive Director has arranged with the Administrator of UNDP for the UNDP Office of Audit and Performance Review (OAPR) to provide the Fund with internal audit services on a reimbursable basis.

3. UNFPA's Internal Audit Section became operational in May 1993. It originally consisted of a chief, one audit specialist and one support staff. At the third regular session of the Executive Board in 1999, UNFPA obtained approval to increase the staffing of the Internal Audit Section by three posts – two audit specialists and one support staff – for the biennium 2000-2001. In view of UNFPA's financial constraints, however, two of these posts were frozen in 2000. In the meantime, in June 2000 the audit specialist transferred to UNDP so that for the remainder of the year the section's staffing was limited to the chief and one support staff. Since then, one of the two audit specialist posts has been filled and a candidate is being recruited for another post. The frozen posts have also been opened up for recruitment.

4. In an effort to meet the assigned audit responsibilities, the section uses consultants and contractors to expand audit coverage. Two consultants were recruited during 2000 to undertake management audits of country offices. The contractual work is undertaken with UNDP under the same contract and is carried out in the Asia and the Pacific and Arab States and Europe regions by a public accounting firm under the supervision of the Regional Audit Service Centre (RASC) in Malaysia. An individual on an appointment of limited duration (ALD) contract was funded by UNFPA to assist the RASC in Malaysia with the review of UNFPA reports prepared by the contractor. The firm examines the annual accounts and conducts compliance audits of offices with a UNFPA-appointed Representative as well as of some offices where the UNDP Resident Representative is also the UNFPA Representative.

5. Given the dissatisfaction with the audit services provided by accounting firms contracted to audit country offices in the Africa and the Latin America and Caribbean regions, in 2000 UNFPA moved to a new arrangement with the RASCs in Zimbabwe and Panama and recruited individuals on ALD contracts (two in Zimbabwe and one in Panama) to complement their staffing requirements and to carry out management audits of UNFPA country offices in those regions. However, because of difficulties in identifying qualified individuals, audit coverage was necessarily reduced during 2000.

II. INTERNAL AUDIT ACTIVITIES IN 2000

6. The internal audit activities carried out during 2000 include the following:

(a) Management audits in eight country offices were conducted by the UNFPA Internal Audit Section with the assistance of consultants;

(b) Management audits in six country offices in the Africa region were undertaken by the RASC in Zimbabwe;

(c) A management audit in one country office in the Latin America and the Caribbean region was undertaken by the RASC in Panama;

(d) Compliance audits in eight country offices in the Asia and Pacific region and three country offices in the Arab States and Europe region were undertaken by a public accounting firm.

7. The annual audit work plan was developed in close consultation with OOE. The work plans of the Internal Audit Section and OOE were coordinated to the extent feasible; the section's work plan was revised periodically to reflect special audit requests and changing circumstances that arose during the year. The management audit of one division at headquarters was postponed to 2001 because of an organizational realignment that affected the responsibilities and staffing of the division. The review of 1999 audit reports by the Internal Audit Section for projects executed by Governments and non-governmental organizations (NGOs) could not be carried out because of staffing shortages.

8. In order to enhance the quality of its services and practices, OAPR formed three advisory teams: the Advisory Team on Information Technology, the Advisory Team on Operations and the Advisory Team on Professional Practices. In particular, initiatives of the Advisory Team on Professional Practices were part of a process of continuous self-improvement and led to improved practices and results in the operations of the UNFPA Internal Audit Section. The team prepared drafts on audit follow-up and planning procedures, guidance on control self-assessment reports, functional audit programmes, quality control review of audit firm working papers, risk assessment and draft audit programmes for country offices. Continuous staff development is important for OAPR to meet current professional challenges. In this respect, during 2000 the section staff received training on results-based management (RBM).

9. Implementing a proactive and preventive approach, the Internal Audit Section offered advisory services to UNFPA units. Some services were solicited by the units concerned while others were initiated by the section following management audits. For example, the section offered advice on requirements for nationally executed projects and shared the experience of UNDP in this area.

III. PRINCIPAL AUDIT FINDINGS AND ACTIONS TAKEN

10. Of 27 reports issued in 2000 (including 14 reports on 1999 audits), the level of internal controls and compliance with financial and administrative requirements were found to be satisfactory in 12 offices. Nine country offices were rated marginally deficient, four were deficient and two were seriously deficient. Listed below is the distribution of recommendations by functions:

Area	No. of recommendations
Organization and staffing	11
Programme matters	256
Financial operations	79
Personnel administration	124
General administration	167
Office automation	76
Total	713

11. The following is a summary of issues, classified by subject, raised by the auditors and contractors. It should be emphasized that the observations apply only to some and not to all the audited units. Audit findings are closely reviewed by UNFPA at the most senior level and follow-up actions are undertaken by the concerned parties and monitored by the respective divisions and OOE.

Special audit

12. During 2000, the UNDP Office of Legal and Procurement Support followed through on a special audit initiated in one country in 1999. This entailed processing appropriate disciplinary actions and preparing information in order to facilitate the possible recovery of funds.

Documentation of policies and procedures

13. The completion of a consolidated set of policies and procedures is under way. Most of the Policies and Procedures Manual, consisting of the Organizational Handbook, the Programme Manual, the Administrative and Personnel Manual, the Finance Manual and additional guidelines and guidance notes, has been revised. The Finance Manual was issued in September 2000, and the Administrative and Personnel Manual is being completed.

14. Some sections of existing manuals need to be further developed, and action is being taken in this regard. For example, audits revealed that current guidelines do not require contracts over $30,000 to be reviewed by the local contracts committees in country offices. Furthermore, procurement procedures do not require country offices to obtain and document a minimum of three quotations for all procurements. These procedures need to be addressed to strengthen internal control of local procurement in the field.

Advances to office and project staff

15. Although UNFPA headquarters issued a circular on 26 August 1998 to address the subject of advances, audits in nine country offices revealed that advances to office staff and project personnel were not always accounted for in a timely manner. In some cases, advances were made in cash when arrangements could have been made for payment by check. In other cases, there was no evidence that payments had been made to third parties. Subsequent to these audit findings, UNFPA Representatives were generally able to account fully for the advances or requested staff to reimburse outstanding advances to UNFPA.

Closure of operationally completed projects

16. Audits in 15 country offices indicated that projects operationally completed had not been financially closed within 12 months after activities had been completed. Delays in meeting the requirements were due to the late responses of executing agencies, discrepancies between the office and headquarters records, and lack of follow-up by some offices. Even so, it is worth noting that in several offices efforts had been made to financially close projects.

Organization and staffing

17. In three country offices, project staff were assigned to carry out core functions. It is recognized that staffing resources in most country offices are not adequate to ensure optimal monitoring and backstopping of projects, particularly given the increase in the number of nationally executed projects. This situation negatively affected the capacity of seven country offices to deliver the programme. There is need, at least temporarily, for programme funds to also contribute towards strengthening monitoring and reporting on projects. On 6 November 2000, UNFPA issued a circular to set clear parameters for the use of National Professional Project Personnel (NPPP), and participated in the preparation of a Guidance Note on Harmonization of Administrative Procedures for National Project Personnel recently issued by the United Nations Development Group (UNDG).

Programme

18. Findings in the programme area included the absence of signed project documents in four country offices and signed letters of understanding in six country offices. In four country offices letters of understanding were incomplete. This information is needed when reviewing the financial reports presented by the executing agency as only those individuals designated by the Government or the NGO executing a project can sign the reports. The lack of adherence to the guidelines on the use of umbrella project funds was also reported in seven country offices. In most of the cases, umbrella project funds had been used to recruit individuals to carry out core functions.

19. Regarding required annual audits of nationally executed projects, major observations included: (a) project audits were not carried out in five country offices; (b) audit reports were not submitted to headquarters in a timely manner by five country offices; (c) some contracts covering the audit work and audit reports in nine country offices did not meet the requirements of the guidelines; and (d) in nine country offices audit recommendations were not followed up.

20. In general, a number of audits of country offices pointed to project audits not being done on a timely basis. The establishment of new procedures and the strengthening of the staffing of the UNFPA Internal Audit Section should improve the monitoring and reviews of project audits.

21. Other findings included shortcomings in project monitoring in several country offices. For example, in four country offices monitoring visits were not carried out, and in five country offices monitoring visits were not documented. Annual country reviews were not conducted in three country offices. Moreover, in three country offices, mid-term reviews were not conducted in a timely manner; in 15 country offices, financial reports were not submitted in a timely manner; and eight country offices lacked non-expendable property ledgers. In addition, 13 country offices had not reconciled the differences between the balance of the operating fund accounts (OFA) in the field and at headquarters. Since the audits, country offices have endeavoured to comply with reporting requirements. In addition, it is planned that UNFPA's new resource management system (RMS), which is under development, will also contribute to reconciling OFA accounts in a timely manner.

Finance

22. It was reported that controls over petty cash funds were found to be inadequate in 18 country offices. It should be noted that in some cases country offices found that the petty cash fund had become less useful, and consequently chose to dissolve it. In the case of seven country offices, status of allotment reports were not sent to headquarters within the requisite period of time. Further, in four country offices the written approval by the UNFPA Representative was not available for the redeployment of funds within a sub-allotment.

Administration

23. Shortcomings in procurement procedures were noted in some country offices. These included: not documenting bids or getting quotations from providers of goods and services (six offices); not segregating duties related to procurement (three offices); not obtaining headquarters approval prior to procuring computers (two offices); issuing purchase orders that were incomplete or contained errors (seven offices); and not having an agreement to cover services provided by UNDP (four offices). These shortcomings were brought to the attention of the Fund's Procurement and Facilities Management Branch, which took the necessary follow-up action.

24. Audits also made observations concerning controls over inventory in a number of country offices. Such observations related to incomplete or erroneous inventory lists and/or non-compliance with the requirement to forward inventory lists to headquarters (eight offices) and the untimely disposal of obsolete equipment (ten offices). Other observations concerned the management of official vehicles. Vehicle records were not maintained or were incomplete in 11 country offices, and fuel consumption was not always adequately monitored. In eight country offices, travel services were not covered by a contract, and offices had not attempted to negotiate better terms for travel together with other United Nations agencies. Inadequate control over telephone usage, particularly regarding personal long-distance calls, was reported in seven country offices. Finally, record maintenance was found to be poor in 13 country offices, owing mostly to missing documentation or inadequate filing systems.

25. When audit reports are issued, OOE typically requests the concerned country office to confirm that measures have been taken to rectify the situation. It should be noted that once records are completed and documentation updated, follow-up is required to ensure that improvements are ongoing.

Personnel

26. Shortcomings were found in the maintenance of leave records in ten country offices. Also, in seven country offices it was reported that the performance appraisal review (PAR) process was not carried out in accordance with the guidelines. Generally, the preparation of individual performance plans or the conduct of the PAR process was not carried out in a timely manner. Other findings included weaknesses in the administration of service contracts and special service agreements. The most common issues raised were: (a) the release of payments to individuals on special service agreements without properly documenting that the performance had been satisfactory; and (b) the initiation of services prior to securing the signature of the individual on the service contract or special service agreement. Services were performed without contracts in two country offices. Finally, staffing tables were not updated at headquarters following receipt of quarterly staffing tables from the country offices. Country offices have since committed themselves to ensuring that personnel actions are taken on a timely basis and that contracts are

managed more effectively. It should be noted that in the field UNDP performs many of the personnel functions on behalf of UNFPA. As a result of this arrangement, there may sometimes be lack of clarity concerning the UNFPA country office's accountability in the area of personnel administration.

Office automation

27. Various observations were made concerning office automation in country offices: back-up copies of data and software were not maintained in eight offices; back-up diskettes or tapes were not kept off-site in 15 offices, and there was no formal disaster and recovery plan in 16 offices. In eight country offices, passwords were either shared by staff or not changed regularly. Finally, the anti-virus software was found to be outdated in six country offices. Following these audit findings, country offices, in general, have arranged for safe back-up and implemented security procedures.

Implementation of previous recommendations

28. Country offices in Africa and Asia and the Pacific have been audited regularly since 1997. A review of audit reports issued in 2000 found that most country offices had few outstanding recommendations from previous audits. In most cases, the outstanding recommendations had been partially implemented or were difficult to implement in light of the programme cycle. Nevertheless, a few country offices continued to have a significant number of outstanding recommendations. OOE will continue to monitor follow-up actions taken by country offices in regard to audits. Since January 2001, UNFPA has been using the comprehensive audit and recommendation database system (CARDS), which will enable the Fund to monitor the status of implementation of audit recommendations more effectively. CARDS is an Internet-based database developed by OAPR at UNDP. With this database, country offices can record and monitor the implementation of audit recommendations. It also allows OOE to monitor and track the implementation of internal and management audit recommendations globally as well as those specific to one country office.

Follow-up missions

29. In 2000, UNFPA conducted an on-site review of the appropriateness of measures taken by one country office to implement the auditors' recommendations. The country office, which was rated seriously deficient in 1999, was found to have initiated adequate measures to tighten its internal controls. OOE and concerned divisions at headquarters will continue to monitor the performance of this country office.

Follow-up studies and special reviews

30. As a follow-up to issues raised by the United Nations Board of Auditors concerning UNFPA operations as well as issues emerging from analyses of audits and other review reports, OOE undertook several studies during 2000 to provide UNFPA management with more in-depth knowledge of the management of cash advances, project audit coverage, and UNFPA-managed construction projects. These studies were in addition to the regular reports prepared by OOE on trends in audit observations and other internal analyses.

31. The analysis of cash advances showed that cash management varies by region and execution modality. As in previous years, a small number of projects accounted for a relatively large share of net total outstanding advances. Overall, OOE found that, compared with 1998, advances issued for government-executed projects were more effectively managed. On the other hand, control over advances issued for NGO-executed projects had not improved significantly. Programme management units have been alerted to be more vigilant in this regard.

32. A follow-up study on UNFPA-funded construction found that country offices did not always comply with UNFPA procurement and programming procedures. For example, country offices did not always obtain the required approval by the headquarters Contracts Review Committee and awarded contracts over $30,000 without sealed competitive bidding. In order to address this issue, the Fund issued new comprehensive guidelines on construction and on sub-contracts and grants.

33. An OOE analysis of the submission of project audit reports for the period 1998-1999 found that a major portion of unaudited expenditures could be attributed to untimely submission of audit reports by a few country programmes and by a few NGO-executed projects. Programme managers have been alerted to this so that they can better focus their efforts on obtaining the necessary audit reports. In cases of repeated non-compliance, UNFPA will consider implementing the Board of Auditors' suggestion to withhold further cash advances and not enter into new contractual arrangements with those organizations that have not provided the necessary audit documents.

34. The OOE studies indicated that compliance with rules and regulations had generally declined in 1999. The average number of audit findings increased in all major categories, and the average number of observations in general administration and programme matters continued to be particularly high, indicating the persistence of shortcomings in these areas. A statistical analysis of the seriousness[1] of audit observations revealed that 26 per cent of the country offices had major weaknesses in the area of general administration and 22 per cent had weaknesses in the area of programme matters. In 2000, less than half of the audited offices were found to have a satisfactory level of internal control, and 55 per cent of the audited offices were rated less than satisfactory.

[1] Since 1999, auditors have classified their observations into high, medium or low priority.

35. Finally, a desk review of the South-South initiative "Partners in Population and Development" indicated significant non-compliance with UNFPA's rules and procedures. Based on the findings of the OOE study, UNFPA's Executive Committee decided to change the organizational framework of the project and took measures to strengthen its internal control mechanisms.

IV. ANALYSIS OF MID-TERM REVIEWS

36. OOE analysed the mid-term reviews (MTRs) undertaken in 1999 and 2000 of UNFPA-supported country programmes. A total of 55 country programmes had an MTR during the period: 22 in 1999 and 33 in 2000. The geographic distribution was: 25 in Africa, 10 in Asia and the Pacific, 9 in the Arab States and Europe region and 11 in Latin America and the Caribbean. The MTR process, programme design and performance, progress and constraints in achieving results, and issues related to implementation and management were examined in order to monitor trends and to identify substantive and operational issues for consideration by the offices concerned.

The mid-term review process

37. The 1999-2000 period was the first in which all MTRs followed the new guidelines issued in late 1997. As country offices became familiar with the procedures, there was more consistency among the offices in the duration, approaches and range of participation by stakeholders. On average, the MTR process took about 5-6 months, typically starting with the establishment of a national mechanism such as a steering committee or a task force and/or by the hiring of national consultants for the preparation of a background document. Forming a task force for each subprogramme allowed an in-depth review and discussion among participants, but some MTRs found that this approach did not necessarily facilitate a holistic review of the programme and linkages among subprogrammes. It was felt that the participants would have benefited from a joint seminar to familiarize themselves with the entirety of the programme before reviewing individual subprogrammes. In some countries, a joint meeting was held after the subprogramme reviews or Country Technical Services Team (CST) specialists conducted a review of crosscutting issues and linkages to supplement the subprogramme reviews. Furthermore, national consultants reviewed the programme, collecting additional information through field visits and interviews of stakeholders. This was in part necessitated by the scarcity of data collected through regular monitoring and reporting. The review found a wide variation in the length and format of MTR background documents and reports. Some offices spent considerable time and effort to produce multiple documents.

38. Many stakeholders, such as government counterparts, NGOs, academic institutions, United Nations agencies and donor representatives, active in reproductive health and population were involved in MTRs. Among the national participants, an increased number of representatives from provinces and districts participated in the process, reflecting decentralized government structures

and programme operations. CSTs were involved in various ways: reviewing and commenting on papers prepared by nationals; conducting workshops on the MTR; participating in subprogramme reviews; writing parts of the background document; and attending MTR meetings. Many MTR meetings were attended by headquarters representatives as well. While wide participation enabled the MTRs to reflect the views of different partners, there was an observation that large group meetings were unwieldy and that the actual review would be better undertaken by a smaller core group, with technical assistance from consultants.

39. About 40 per cent of the MTRs took place at the mid-point of the programme while the remaining ones were undertaken towards the end of the programme. Seven programmes had an MTR in their final year. One of the reasons for late MTRs is that 45 per cent of the programmes reviewed are of four-year duration or less, making it too early to time the MTR at mid-point, especially given the delays encountered at the start of the programme due to subprogramme and project formulation. However, 98 per cent of country programmes had an MTR, which is a considerable improvement over 1998, when only 40 per cent did.

40. During the MTRs, conscious efforts were made to analyse programme performance focusing on results, in spite of the fact that most programmes were developed during 1995-1997, before the logical framework (logframe) approach was introduced at UNFPA as a tool for results-based management. All MTRs found that the programme logframes needed refinement. Among the problems identified were the lack of coherence in horizontal and vertical linkages, unclear definition of expected results, unrealistic selection of indicators, ambitious target setting, and lack of baseline information. Only a handful of programmes reported the availability of new data for indicators, i.e., data updated since the beginning of the programme.

41. While the increased focus on the state of the logframe and the design of the programme is encouraging, attempts to review and analyse the programme by results were constrained by the fact that most programmes were still project-based in essence. Although some country programmes have developed subprogrammes, others retroactively recast individually developed projects into subprogrammes without much consideration of linkages, overall programme direction or focus. In fact, the lack of linkages and coordination within and between subprogrammes was the most often cited programme shortcoming, and this appears in no small part due to the transition of one programme approach to another. In addition, the substantial amount of extrabudgetary funds for various initiatives and projects outside of country programmes at times made it a challenge for country offices to maintain programme cohesiveness and ensure linkages with extrabudgetary-funded projects.

42. The MTRs devoted more discussion to programme activities and outputs and less to purposes and goals. It was found that cause-effect relationships between UNFPA programmes and changes in behaviours, attitudes and practices or in government policies and legislation were not always well established. As some MTRs noted, in such cases the causal relationship could only be

inferred. In analysing programme performance, the status or completion of activities was used to indicate progress in achieving an output, and output indicators were rarely used. This could be due to the timing of the MTR in that changes in the outputs had not yet been achieved so that only processes could be discussed. Also, some indicators were of a bipolar nature, making it difficult to perceive gradual progress or evolution. Quantitative data were used more in the reproductive health area than in other programme areas, using sources from censuses, demographic and health surveys, annual statistics of the Ministry of Health and the service statistics from target areas.

43. Financial analyses were made based on the distribution of expenditures or allocations by subprogramme and by executing agency and the financial implementation rate by subprogramme and/or executing agency. No attempts were made to compare expenditures with the progress made. Comparing the resources spent or allocated for each subprogramme and the number of outputs intended, the review found that the outputs in the reproductive health subprogramme cost more than the outputs in other subprogrammes. The higher cost of reproductive health outputs can be explained in that they usually require the supply of contraceptives, vehicles and medical equipment. The size of the programme was not found to be related to the number of outputs, but rather to the degree of change intended and the reach of the programme. Since the logframe does not include information on resource requirements or relative priorities among the outputs, financial information provides an important element necessary for a comprehensive analysis of programme achievements. However, this cost-output analysis is currently constrained by the financial information system, which is not equipped to enable analysis based on outputs.

Mid-term review findings and recommendations

44. Improved access and availability of integrated or specific reproductive health services and information. Some programmes focused on expanding the network of service delivery points while others worked to improve the availability of various services in the existing network, including by providing more information on such services. The services concerned included comprehensive reproductive health care and specific services such as family planning, ante-natal and post-natal care and deliveries; counselling services for the prevention of sexually transmitted diseases (STDs), including HIV/AIDS, and the management of STDs. Strategies included integrating reproductive health care into the minimum service package of health centres; expanding community-based services in target areas; strengthening referral systems for emergency obstetric care; strengthening contraceptive logistics management; increasing the participation of NGOs and the private sector in reproductive health care; and addressing cultural barriers to reducing the gap between high knowledge of family planning and low levels of practice. In those countries where STDs and HIV were a specific concern, preventive counselling on STDs and HIV/AIDS and double protection for family planning and STD and HIV prevention through social marketing of condoms was promoted.

45. An understanding of the holistic concept of reproductive health was still found to be limited in several countries. One reason was the fragility of institutions due to constant personnel changes in key positions; another was the constant change of priorities in each ministry in one region. Awareness of the reproductive health concept among service providers, programme managers and hospital administrators was also found to be limited, and the focus remained on family planning in a few countries. The MTRs in these countries recommended strengthening advocacy to promote the reproductive health concept. At the same time, specific strategies for certain elements of reproductive health were also found to be needed, such as in the areas of adolescent reproductive health and sexual health issues; reproductive rights and gender concerns including treatment of victims of gender-based violence; maternal mortality reduction; and prevention of STDs and HIV/AIDS. Some programmes did not address important factors that limit accessibility, such as geographic, economic and cultural barriers. The lack of transportation, poverty and the persistence of traditional practices and preferences remained as obstacles. In countries where women opt for female practitioners, the shortage of skilled female obstetricians, gynaecologists and midwives posed a problem in increasing the use of services by women.

46. Shortage of funds experienced during the period under review was also identified as affecting programme results. Given the limited and decreasing UNFPA funds, some countries felt that it would be more effective if UNFPA's support were to shift its focus from integrating reproductive health into primary health-care centres to one of concentrating on specific areas or subjects such as expanding adolescent reproductive health services or preventing HIV/AIDS.

47. Improved quality of integrated or specific services. Some countries attempted to develop standardized reproductive health service guidelines and protocols and others to train health personnel in services and reproductive health management. Areas of emphasis, which reflected each country's specific needs, included better contraceptive mix, improvement in the management of abortion-related health problems, counselling for the prevention of STDs, and management of STDs. The technical capacity of service providers was reported to be strengthened through training in such areas as counselling, family planning, and information, education and communication (IEC). In some cases, the pace of training was sometimes faster and more people were trained than had been planned, but it was often difficult to assess the quality of the training provided. The importance of organizing training for teams rather than individuals was underscored in order to have a critical mass of trained personnel to ensure greater impact. Capacity-building efforts beyond training were also recognized as necessary to improve the quality of services. Commitment from Governments was found to be essential to ensure that trained personnel remained in post and actually applied the skills acquired. In spite of the large amount of funds invested in training, many programmes did not assess the impact. There is a need to develop mechanisms for systematic monitoring and follow-up of trainees and to determine the impact of training on institutions and programmes. The MTRs also pointed to the need to assess the effects of high personnel turnover on the quality of services and programme performance. Many related

factors are beyond UNFPA's control, and one MTR concluded that staff turnover could only be minimized if the conditions and remuneration in the public sector were more attractive.

48. Improved access to and availability of adolescent reproductive health information and services. Some MTRs noted an increasing recognition and acceptance of adolescent rights and access to reproductive health services. Services for adolescents were incorporated in established health centres, attended by specialists trained in working with adolescents; services in youth service centres were strengthened; referral systems from schools to health centres were established; and targeted interventions such as sexuality education in military schools were implemented.

49. In terms of progress made, some MTRs reported on IEC materials and books that had been produced, on training for service providers that had been carried out, and on IEC activities for youth at youth clinics that had been implemented. Awareness had increased through a people-centred, integrated approach that combines the use of interpersonal communication with peer educators, the involvement of communities and the provision of health services. There were also innovative school activities, in which great differences had been observed depending on the involvement of school directors. On the other hand, some MTRs found that IEC for youth and adolescents was not adequately complemented by necessary reproductive health services to meet the demand that was expected to result from the rise in the level of awareness. It was also found that reproductive health services were primarily intended to attend to the needs of adolescent girls. Important aspects that need to be addressed are the attitude of health-care personnel towards adolescents, their ability to provide adequate counselling, and how to address the needs of adolescent boys. The latter implies the identification of different information and educational needs and services based on gender analysis.

50. Fight against HIV/AIDS. All MTRs in Africa and some in Asia identified HIV/AIDS as national disasters or as major health and development concerns. High rates of new HIV infections were recorded among youth in many countries in different regions of the world. The MTRs noted that some programme targets have become unattainable due to the HIV/AIDS epidemic. Like other United Nations agencies, UNFPA country offices have decided to give increasing attention to the HIV/AIDS pandemic by scaling up their efforts in order to cover wider populations or by reinforcing their focus, especially by working to slow the rate of new infections among children and youth. Recognizing that controlling HIV is not simply a question of improved reproductive health services, the MTRs called for a multifaceted, multisectoral strategy dealing not only with youth health issues but with other youth problems as well. Pervasive problems include poverty, which is one of the most fundamental and intractable issues that need to be addressed. It was also recognized that greater efforts are needed to destigmatize HIV/AIDS. The MTRs found it unfortunate that at a time when there was ample political support to strengthen the focus on HIV/AIDS, UNFPA faced financial constraints that precluded it from doing so. Due to the lack of

funds, activities such as reproductive health needs assessment for adolescents and procurement of condoms and other commodities were delayed in some countries, sometimes resulting in stockouts.

51. Integration of gender concerns in reproductive health. Many MTRs reported that gender concerns have been mainstreamed into subprogrammes and component projects, but no programme undertook an independent analysis to determine the effectiveness or impact of gender mainstreaming. Also, the mainstreaming seems to be somewhat limited to such areas as dealing with domestic violence in reproductive health services and incorporating gender concerns in advocacy and training materials. In some countries, limited attention was given to sexual health and to the gender dimension in most reproductive health services, in spite of prevalent sexual violence. MTRs also found that programmes tend to emphasize women only, leaving out the male dimension that would provide a true gender perspective. The male dimension tended to be addressed through separate interventions targeted to specific institutions such as the armed forces, military schools and youth clinics. However, there was a recognized need to target men in general because, for example, in some countries the majority of women need permission from their husbands to visit family planning clinics. Persistence of traditional values and practices harmful to women's health (e.g., female genital cutting (FGC) and abduction of girls for marriage) and the preponderance of male health workers, which often deters women from seeking services, were among the constraints that were identified as hindering effective integration of gender concerns into reproductive health programmes.

52. Some MTRs noted that gender-oriented objectives or outputs are not supported by well-articulated strategies or plans of action. Other MTRs mentioned difficulties in the conceptualization of issues concerning gender and women's empowerment. Situation analyses to identify gender problems were rarely conducted, with the result that expected outcomes were not explicitly stated in the programme. The scarcity of gender-disaggregated data made it difficult to carry out situation analyses, develop gender-sensitive strategies and trace progress. It was recommended that young girls and boys should be involved in identifying their needs and interests to help inform programme implementation. Gender specialists need to be more involved in programme discussions and implementation, and the responsibility of implementing agencies for promoting gender equity and equality should be made explicit. Also, it was noted that the tracing of resources channelled to support gender-oriented activities is difficult in all subprogrammes, except for specific women-oriented projects, given the current budget structure and the coding system.

53. Population policies, data generation and integration of population issues into national planning and programmes. Progress was reported in such areas as: (a) the development of policies, action plans and guidelines; (b) the establishment of databases with reliable and accurate data from censuses and other population surveys; (c) analysis of fertility and mortality data; (d) research on customary and modern legislation in the area of family, inheritance, marriage and fertility rights; (e) the setting up of mechanisms for inter-ministerial dialogue; and (f) the long-term

training of government personnel and academicians. Lack of interest and dialogue among research institutions and training universities in sharing information and in coordinating research and training activities was identified as a bottleneck in a few cases. Other constraints included slow government review systems and vertical government structure and processes, difficulties in finding appropriate local language for population and development concepts and expressions, the lack of a central unit for statistical work, weak civil registration systems, scarcity of trained staff and the limited capacity of national institutions. Sometimes, the need for cabinet-level approval of policies delayed the process, jeopardizing project implementation. There was a recommendation that national population policies should include implementation strategies along with resource requirements so that sufficient resources would be allocated for the implementation of the policy once adopted.

54. Increased awareness, knowledge, support and commitment among decision makers, media, NGOs and the private sector. Many MTRs reported "good progress" in advocacy efforts. In one country, for example, the support of government officials and a member of the royal family provided the momentum needed for advocacy efforts to make a measurable difference. They campaigned for reproductive health issues among the armed forces, and the contraceptive prevalence rate (CPR) in that segment of society recorded an increase from 29 per cent in 1997 to about 50 per cent in 2000. A special campaign in the same country informing students on STDs and HIV/AIDS, teenage pregnancy and substance abuse made these topics important discussion issues among school authorities and adolescents. Advocacy efforts against FGC using media and the effective involvement of churches in parent education on adolescent reproductive health were other examples of successful interventions. Advocacy also resulted in cases of legislation against domestic violence, the creation of family courts, a law mandating sexuality education in all schools, and decree from the Ministry of Public Health declaring domestic violence a public health problem that should be dealt with by health-care workers.

55. Strong commitment, motivation and experience of project teams as well as collaboration between the ministries and NGOs were mentioned as contributing factors to the success in some countries, but the lack of coordination mechanisms was also cited as a constraint in other countries. It was observed that activities under the advocacy subprogramme tended to be implemented independently of the overall programme they were supporting. This has led to some problems of duplication of efforts and lack of synergies. Furthermore, the lack of data and mechanisms for monitoring and evaluation limited the effectiveness of the management and assessment of advocacy programmes and activities.

56. The period 1999-2000 has shown that advocacy was the area most affected by budget cuts emanating from the Fund-wide resource constraints in the last few years. Advocacy subprogrammes or projects, usually the late starters in the programme, were prone to cancellation or reduction in size at times of financial difficulties. Higher priority was often given to service delivery or policy development, which were seen as having more direct impact. A few MTRs

ioned that the advocacy subprogramme was cancelled and that advocacy activities were ad subsumed under reproductive health and population and development strategies rogrammes.

Capacity building. The main concerns regarding capacity building centred on the tiveness of UNFPA's programme efforts. All country programmes have a capacity-building ponent, either as an output or as a means to achieve other outputs, such as the quality of ductive health services. Capacity building mainly took the forms of technical assistance and ng. It was assumed that the capacities of staff receiving technical assistance would be gthened. In countries where counterpart presence was not always secured or where there was turnover of counterpart staff, capacity building through technical assistance was not dered to be effective. In this regard, MTRs recommended that Governments should ensure counterparts are available for each technical intervention and that they should stay in the same ions and undertake functions for which the technical assistance was provided. High staff ver also affected training programmes, as training had to be repeated continuously in order to n institutional capacity.

It was observed that the low quality of services provided in the health units militate against ts to promote good practices among student nurses and midwives during their training. The found it important to provide trainees with quality practicums so that they would assimilate had been learned in theory. One common weakness found in many countries was that tion was focused on training to improve the quality of services without adequately monitoring aluating the results. Consequently, there was no information on the contribution that training nade to the improvement of the quality of services. In one case where considerable funds had spent for overseas training, the MTR recommended that UNFPA should think carefully about ional training strategy in order to ensure that available resources were utilized in an effective ner to build up the country's long-term capacity.

ramme implementation and management

Many MTRs reported the late start-up of new projects as a reason for slow progress. The tion of the new programme approach contributed to delays, in that country offices and their terparts had to familiarize themselves with the approach. Delays were also caused by the oval process of both Governments and executing agencies. Once the programme started, ed knowledge and experience in national execution and the lack of management capacity of nal institutions affected the quality and rate of implementation. Governments' limited human rces were especially overburdened in coordinating population programmes in those countries e many donors provide support in the health sector. Government capacity in some countries been affected by social-sector reforms and the downsizing of human resources. Other external rs such as political instability, natural disasters and military conflict also affected programme ementation.

60. The coordination mechanisms envisaged in programme documents were not always realized or were weak due to the limited capacity of the coordinating bodies or the unclear understanding of the responsibilities of line ministries. Coordination and collaboration within a subprogramme and between subprogrammes, and also between UNFPA country programmes and other donor-funded programmes, were often found to be inadequate. The limited management capacity of the counterpart often resulted in an increase in the workload of UNFPA country offices, many of which have limited capacity to begin with. Limited information sharing and communication among programme partners did not help foster linkages. While national counterparts were fully knowledgeable about their own projects, they were not always aware how their project was linked to other programme components. Many problems could have been avoided or minimized had the parties involved in implementing the subprogrammes maintained constant dialogue. More frequent communication between implementing and executing agencies and among stakeholders is needed to maintain dialogue and to realize expected linkages. There were, however, some successes reported where materials and experiences were shared and close collaboration between projects, between different ministries and between municipalities and NGOs brought effective implementation in such areas as training of teachers and parents in the area of adolescent reproductive health and male involvement in reproductive health.

61. Programme management was further hampered by the lack of good monitoring and evaluation. In some cases, monitoring and evaluation were not carried out regularly. Consequently, opportunities for possible action and adaptation were missed. An overall monitoring and evaluation strategy was rarely developed at the design stage, but remained afterthoughts. The lack of baseline data and benchmark indicators also made it difficult to monitor and evaluate programmes and projects both qualitatively and quantitatively. The logframe was not used as a tool for monitoring and evaluation, and capacity building in this regard was not adequate for either counterpart staff or for country office staff. For many stakeholders, the logframe matrix emerged as a fairly abstract and complex document. Understanding the concept and translating and operationalizing the logframe into workable activities proved to be difficult. There was a felt need for better monitoring and evaluation tools, especially for assessing the quality and impact of training as well as of gender mainstreaming. To improve monitoring and evaluation and the use of indicators identified in the logframe, a review of the indicators selected at the time of programme development was recommended to ensure that reliable data were available or could be generated. Many programmes suffered from the absence of a data management system as well. Evaluation of innovative projects and approaches and a system of collecting these innovative approaches for replication were also found necessary.

62. In situations of government decentralization, UNFPA had mixed experiences. On the one hand, decentralization of implementation responsibilities to the provincial level often produced a high degree of commitment and ownership from the project management. On the other hand, however, administrative difficulties encountered in the processing of funds and financial reporting between the central and district levels caused delays in implementation. There were also problems

with the quality of supervision and monitoring of projects at the local level and collaboration between the regional and central level institutions. As health-care delivery in many countries is, and will continue to be, affected by the health-sector reform that emphasizes decentralized operations, new thinking for operational, administrative and financial procedures as well as coordination mechanisms on the part of UNFPA is needed. Noting that donor assistance is often concentrated in technical areas and that not enough attention is paid to management, the MTRs revealed an urgent need for UNFPA to train programme partners in the areas of programme planning, management, monitoring and evaluation.

Follow-up arising from the analysis of mid-term reviews, 1999-2000

63. Many important recommendations were drawn from the desk review of the 55 MTRs. Given the fact that the third year is the earliest possible time for any in-depth review to take place, the review recommended that UNFPA should make the MTR optional for a country programme of four years or shorter. That would avoid the redundancy of an MTR and a programme evaluation being carried out within a short period of time, which places unnecessary demands on the time of country offices and national counterparts. In order to reduce paperwork and simplify the process, it was recommended that UNFPA should consider revising reporting guidelines with clear instructions regarding the size and the format so that only a single report would be produced from the MTR that would facilitate comparisons and organizational analysis. The country offices should balance the level and size of participation with the effectiveness of the review process in organizing the MTR.

64. The shift of focus from project activities to programme results has started, but there are still many conceptual and operational issues that have to be worked out. The review recommended that the MTR should focus more on the review of overall programme relevance, strategies, performance and results, and linkages and synergies within and among subprogrammes. The country offices should ensure that goals, purposes and outputs are based on a cause-effect chain of events and that the outputs can be achieved with UNFPA's programme of assistance. Country offices should also ensure that indicators and data sources are appropriate to measure the changes expected. In addition, UNFPA should clarify how to deal with large special programmes funded by non-core resources vis-à-vis the country programme in planning, managing and reporting as well as how to improve the linkages and synergies between them and the programmes funded from regular resources. The review recommended that UNFPA develop guidance and tools for use by country offices as well as expedite the revision of the current management information system (MIS) to allow better financial analysis of outputs.

65. UNFPA's programme was not always well adapted to decentralized national systems or to other ongoing reforms. UNFPA guidelines should be updated urgently to enable country offices to respond to the changing environment; flexibility in regard to health-sector reform and decentralized programming are particularly important in this regard. Advocacy to promote the

reproductive health concept and approaches needs to be strengthened. Advocacy, however, seems to face conceptual difficulties, often sharing the outputs with reproductive health and population and development strategies, yet being separated in implementation. UNFPA should decide how to treat this priority area (advocacy) in the programme and logframe approach now that country offices are requested to report on programme results and the Fund's results framework treats advocacy as a strategy rather than a result.

66. Gender awareness has been created through UNFPA programmes but translating it into action has been weak. UNFPA should provide guidance to country offices on how to articulate gender equality and to operationalize gender mainstreaming, together with practical tools for monitoring and evaluation. As for capacity building, a substantial amount of funds was invested in training, yet the impact of this training on programme performance or on national capacity building has not been assessed. UNFPA should develop practical tools to monitor and evaluate the quality and impact of training. Country offices should assess the impact of training and ensure that training actually leads to capacity building.

67. In order to improve monitoring and evaluation, the review recommended that a plan for monitoring and evaluation should be prepared at the time of programme design and that the logframe should be operationalized as a tool for monitoring and evaluation. In addition to the development of practical guidance and tools by headquarters, regular data collection should be factored into programme management or, if needed, included as part of project activities. Training of national programme managers in programme management as well as in the use of the logframe and other principles of results-based management should be conducted. Furthermore, in order to share innovative approaches for possible replication as well as to learn from the experiences of other countries, a Fund-wide information-sharing system of good practices and innovative approaches should be developed. Concerned offices, especially programme and technical offices, should follow up on the problems identified in the MTRs and provide needed support to the country offices to address the issues and improve their programme management and implementation.

V. POLICY APPLICATION REVIEWS

68. In 2000, OOE conducted policy application reviews of two country programmes and continued to follow up on the implementation of recommendations of policy reviews conducted in previous years. These reviews, which are internal exercises, examine in depth the process of programme development and implementation in order to ascertain that appropriate mechanisms to ensure accountability are in place and are being used by UNFPA staff. In addition, steps taken to achieve the Fund's mission, particularly in promoting the implementation of the Programme of Action of the International Conference on Population and Development (ICPD), are also reviewed, together with the country's role in the United Nations resident coordinator system. The reviews

also assess the relevance and ease of application of UNFPA policies and procedures and identify areas where greater clarity in programme policy and technical guidance are needed.

69. The findings of these reviews not only provide senior management with snapshots of how selected country offices are performing their managerial and advisory roles, but also serve as a conduit for field staff to provide feedback on the nature and quality of support they require and receive from the CSTs and UNFPA headquarters. In addition, these exercises provide input into the continuous review and assessment of the Fund's policies and procedures. The Executive Director, in consultation with the Executive Committee, decides on the follow-up action needed in response to each review. Responsible parties in the field or at headquarters, as appropriate, are assigned and the concerned divisions are accountable for the implementation of follow-up action and reporting on the outcome of these efforts. OOE monitors and reports on follow-up action at the organizational level.

70. Of the two policy application reviews conducted in 2000, one was in Africa and the other in Latin America and the Caribbean. Both were ongoing comprehensive programmes: one in a category "A" country, the other in a category "B" country. A UNFPA Representative based in another country covered one of the country offices. In both programmes reviewed, the country offices had actively promoted the implementation of the ICPD Programme of Action through the UNFPA-supported programme, as well as through special activities to generate public and political awareness and support for ICPD. In one instance, this included UNFPA assistance for the revision of national population policies and population and development action programmes to incorporate such issues as HIV/AIDS, gender and the integration of reproductive health services. In both country programmes, emphasis was placed on supporting national NGOs and the provision of adolescent reproductive health counselling and youth-friendly services. In both cases, UNFPA was viewed as the lead agency in the implementation of the ICPD and as an advocate for reproductive health and gender issues.

71. In both of the countries reviewed, the UNFPA country office was an active participant in various donor coordination forums, including selected United Nations theme groups. The country offices had contributed to discussions on preparations for the Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF), which in one country had been a slow and time-consuming process. In one of the countries included in the reviews, the resident coordinator system was found to provide only limited leadership. Despite this shortcoming, collaboration among United Nations agencies was nevertheless good, and UNFPA's efforts at collaborative undertakings were well appreciated. In the other country, UNFPA also participated in partner consultations on health-sector reform and discussions on basket funding. The country office was constrained, however, due to its limited resources and by the absence of a clearly defined UNFPA policy on its role in health-sector reform. A recent report on UNFPA and sector-wide approaches has since been brought to the attention of the country office.

72. With regard to resource mobilization, one country office was successful in raising funds for selected programme activities and special public events such as the World Population Day. In addition, the potential for private sector funding was being pursued. In spite of concerted efforts, the second country office managed to secure only a modest cost-sharing contribution from an Inter-American Development Bank loan. Obstacles cited were the absence of a UNFPA-appointed Representative and the limited capacity of the country office staff to follow up on donor contacts as well as the absence of major donor representation in the country.

73. The two policy application reviews indicated that the participatory process applied to programme and subprogramme development had, on the one hand, promoted ownership and, on the other, was successful in creating close links between subprogrammes. At the same time, in one country the review reflected on the practicality of adopting the subprogramme approach in situations where a broader framework for coordination through a sector-wide approach was being implemented. One of the reviews revealed that "bridging" arrangements and modalities for carrying over activities from a previous programme cycle needed clarification.

74. In one programme included in the reviews, prominence was given to the development of a programme management and coordination mechanism composed of all the country programme project directors and coordinators and UNFPA. Initiatives by the country office had led to the establishment of an Office of Programme Management with responsibilities for promoting closer inter-institutional coordination of component project activities, monitoring and evaluation, and providing national technical support to the programme, thereby complementing expertise available in the country office and that of the CST. By all accounts, this mechanism greatly facilitated programme coordination and implementation.

75. One of the reviews noted that experience with national execution had been mixed. In particular, and despite efforts by the country office to train national counterparts, financial project management capabilities remained weak and sometimes led to significant delays in the approval of advances. Stakeholders interviewed underscored the need for additional guidance and training in light of the frequent turnover of national counterparts and the perceived complexity of UNFPA requirements.

76. In both instances, the country office had not maintained an accurate and up-to-date staffing table and had incorrectly issued special service agreement contracts for personnel services as well as subcontracts. In one country, consultants hired by UNFPA had, in a few instances, been inappropriately charged to government-executed project budgets.

77. The two reviews noted that successive and severe programme budget cuts due to UNFPA's financial constraints negatively impacted programme implementation and even strained UNFPA relations with national counterparts. One country office resorted to using umbrella project funds to

support some of the strategic interventions originally foreseen under a subprogramme. Budget cuts also forced the UNFPA Representative to reduce the number of field visits.

78. The logframe approach was considered a useful tool, but the reviews pointed to the continuing need for a better understanding of the concepts and a better use of this tool for monitoring and programme management. While in one case due consideration was given to monitoring and evaluation activities at the planning stage of programme development, both reviews indicated that the monitoring and evaluation guidelines were not systematically applied. Although the quality of programme and component project progress reporting had improved, the focus was on the completion of activities and less on reviewing results achieved. While in one country realistic indicators still needed to be identified and selected in order to measure programme performance, in the other – and with substantial support from the CST – project counterparts, especially among NGOs, had endeavoured to refine and revise project outputs and indicators.

79. These, as well as the findings of previous policy application reviews on the subject of monitoring and evaluation, prompted UNFPA in 2000 to revisit its programme guidelines and initiate a revision of the monitoring and evaluation directives in an effort to bring them in line with a results-based approach. In addition, in 2000 and as an initiative of OOE and the CST members of the evaluation network, UNFPA launched the programme manager's monitoring and evaluation toolkit. The toolkit is intended to supplement the UNFPA programme guidelines by providing further guidance and options to improve the Fund's monitoring and evaluation activities in the context of results-based management.

80. Furthermore, in an effort to build country office and CST capacity, in 2000 OOE in collaboration with the Training Branch conducted two in a series of regional training workshops on programme and office management. These workshops focused on operationalizing the logframe approach in the context of results-based management and the application of monitoring and evaluation approaches as well as reviewing and discussing programme and office management practices based on policy application reviews and audit findings. Additional workshops will be organized in other regions in the course of 2001.

VI. REPORTS OF THE JOINT INSPECTION UNIT

81. In 2000, UNFPA provided inputs in the preparation of a number of reports by the Joint Inspection Unit (JIU) and commented on such completed reports as: *Senior-Level Appointments in the United Nations, its Programmes and Funds* (JIU/REP/2000/3); *Policies and Practices in the Use of the Services of Private Management Consulting Firms in the Organizations of the United Nations System* (JIU/REP/99/7); and *Strengthening the Investigations Function in United Nations System Organizations* (JIU/REP/2000/9). In addition, selected JIU reports received were circulated to concerned units within the Fund for their information and consideration. The

following is a summary of comments made by UNFPA on those recommendations contained in the above-mentioned reports that are of particular relevance to UNFPA.

82. The objective of the report on senior-level appointments in the United Nations was to propose measures with a view to ensuring improvement in: (a) selection of the best-qualified candidates; (b) transparency of recruitment; (c) geographical distribution of senior-level posts; and (d) streamlining of relevant policies and procedures. UNFPA generally agreed with the recommendations therein with the comment that UNFPA has always been committed to ensuring as wide a geographical representation among senior posts as possible and accorded particular attention to gender balance.

83. The objectives of the report on policies and practices in the use of private management consulting firms were: (a) to examine the policies and practices governing the use of private management consulting firms by the organizations of the United Nations system; (b) to determine what practical advantages and disadvantages have resulted from the use of such firms; (c) to draw conclusions regarding system-wide standards, guidelines and procedures in this area, paying due regard to internal and external oversight services as a primary source of expertise in the management field; and (d) to formulate recommendations designed to improve present policies and practices with a view to regulating the use of such firms, bearing in mind the overall need to achieve economies and to limit costs.

84. UNFPA agreed with most of the recommendations reflected in the report with the exception of the recommendation on the rotation policy as a blanket rule. In UNFPA's experience, it often takes firms time to become familiar with the mandate, policies and issues relevant to the organization, and this can be very costly. On the other hand, UNFPA concurred with the notion that these firms and the services they provide should be evaluated and the results should be more systematically shared with other organizations. UNFPA noted the best practices highlighted in the report for further consideration and, to the extent possible, incorporation in its own processes and procedures.

85. The objective of the report on strengthening the investigations function was to enhance the capability of the United Nations system organizations in meeting the need for investigations. The report provided UNFPA with some useful insights. UNFPA took particular note of recommendations suggesting ways of meeting the need for a professional investigations capability and the various options for financing access of small organizations to a professional investigations capability. In this connection, UNFPA observed that although it does not have the capacity to conduct full-fledged investigations and relies on OAPR of UNDP for such services, it nevertheless is a member of certain institutional mechanisms and processes that enable the organization to examine circumstances of any apparent impropriety.

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UNITED NATIONS POPULATION FUND

UNFPA PROPOSED CONTRIBUTION TO THE UNITED NATIONS SYSTEM STRATEGIC PLAN FOR HIV/AIDS FOR 2001-2005

Report of the Executive Director

I. INTRODUCTION

1. This report has been prepared in response to resolution 1999/36 of the Economic and Social Council, which urges the co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other organizations of the United Nations system "to submit to their governing bodies their proposed contribution to the United Nations system strategic plan for HIV/AIDS for 2001-2005" (para. 9 (c)). The resolution also "requests the United Nations programmes and funds and invites the specialized agencies to . . . complete as soon as possible their respective joint strategies at the country level, with the participation of the Government of the host country to respond effectively to its national strategies and priorities and to participate actively in its implementation" (para. 9 (d)).

2. Preventing HIV infection is appropriately and directly linked to the primary mandate of the United Nations Population Fund (UNFPA): to help ensure universal access to high-quality reproductive health services to all couples and individuals by 2015. The overall framework for UNFPA support is the Programme of Action of the International Conference on Population and Development (ICPD), held in Cairo in 1994. In addressing the issue of HIV/AIDS, the Programme of Action recommends that reproductive health programmes "increase their efforts

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to prevent, detect and treat sexually transmitted diseases and other reproductive tract infections" (para. 7.30). It also recommends the training of health-care providers in the prevention and detection of sexually transmitted diseases (STDs), especially infections in women and youth, including HIV/AIDS; the provision of information, education and counselling on responsible sexual behaviour; and the promotion and reliable supply of high-quality condoms (paras. 7.31-7.33).

3. Following the ICPD, UNFPA incorporated HIV-prevention elements into its three core programme areas: reproductive health, including family planning and sexual health; population and development strategies; and advocacy. Gender equality and equity and the empowerment of women are considered as cross-cutting dimensions in the three core areas. In 1995, UNFPA prepared guidelines for its support of reproductive health to indicate, among other things, the components of HIV prevention for which UNFPA provides assistance. As the epidemic worsened, the Fund's support intensified. By 1999, UNFPA was supporting HIV-prevention activities in 138 countries, compared with 41 in 1991.[1]

4. The five-year review of the implementation of the Programme of Action ("ICPD+5") emphasized that HIV prevention is a priority for further action. The Key actions for the further implementation of the ICPD Programme of Action adopted at the Twenty-first Special Session of the General Assembly reiterates the need for education and services at the primary health-care level to prevent the transmission of STDs and HIV/AIDS, especially among those between the ages of 15 and 24 years.

5. In December 2000, the UNAIDS Programme Coordinating Board (PCB) approved the Framework for Global Leadership on HIV/AIDS, which is guiding the development of the United Nations system strategic plan.[2] Noting that the scale of the epidemic is far greater than projections made a decade ago,[3] the Framework sets out the aims of the global strategy as support to "communities and countries to reduce risk and vulnerability to infection" (para. 4). UNFPA support for HIV/AIDS-related activities in 2001-2005 would reflect the overarching direction of this Framework. In June 2001, the United Nations General Assembly Special Session on HIV/AIDS will offer an opportunity to emphasize the importance of a global response to the epidemic and of the need for partnerships – within the United Nations system, with Governments and with non-governmental organizations (NGOs) and other groups in civil society and the private sector – in meeting this challenge.

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[1] UNFPA, *AIDS Update 1999* (New York, 2000). First published in 1991, the *AIDS Update* is an annual publication reporting UNFPA support for HIV/AIDS prevention at country, regional and interregional levels.

[2] UNAIDS, Framework for Global Leadership on HIV/AIDS, UNAIDS/PCB (10)/00.3, 2 November 2000.

[3] Ibid. By the end of 2000, about 36.1 million people were living with HIV/AIDS, according to UNAIDS, *AIDS epidemic update:December 2000* (UNAIDS/00.44E, December 2000), p. 3.

6. With respect to HIV/AIDS, UNFPA is committed to the goals expressed in General Assembly resolution 55/2, the United Nations Millennium Declaration. Echoing some of the themes of the ICPD+5 review, this Declaration includes the goals of halting and beginning to reverse the spread of HIV/AIDS by the year 2015 (para. 19) and helping Africa "build up its capacity to tackle the spread of the HIV/AIDS pandemic" (para. 28).

7. UNFPA activities in HIV prevention, as in all other elements of its programming, are guided by a results-based management process to ensure that the Fund's support is used effectively and that verifiable progress is achieved. The UNFPA multi-year funding framework (MYFF) for 2000-2003, approved by the Executive Board in decision 2000/9, afforded an opportunity to accelerate the adoption of a results-based approach, building on the UNFPA mandate and underscoring the Fund's commitment to clearly defining, managing for, and reporting results, and to mobilizing the required resources. The MYFF refers to the goal of ensuring that all couples and individuals enjoy good reproductive health, and includes a decrease in HIV incidence among persons aged 15-24 as a specific indicator of progress towards that goal.

II. BACKGROUND: MAJOR HIV-PREVENTION ACTIVITIES BEFORE 2001

8. The Fund's concern with the HIV/AIDS epidemic is long-standing. Through the decade of the 1990s, UNFPA supported the integration of HIV-prevention efforts into a wide variety of activities, undertaken in partnership with Governments, NGOs, other international organizations and United Nations agencies, especially other co-sponsors and the UNAIDS secretariat -- the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Drug Control Programme (UNDCP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank. These activities, related to reproductive health programmes and documented annually in UNFPA AIDS Update (see footnote 1), include support for: advocacy for strengthening political commitment; information, education and communication (IEC) efforts, especially oriented towards behaviour change among adolescents and youth; condom programming to improve access to and use of male and female condoms; the training of service providers; and the promotion of gender equality, women's empowerment and the reproductive rights of men, women and adolescents.

9. Advocacy. UNFPA has supported efforts to enlist the commitment of leaders at all levels to enable them to develop and implement policies and programmes on HIV/AIDS. In Africa, for example, under the International Partnership Against HIV/AIDS, UNFPA, in collaboration with UNAIDS, took the lead in developing the Inter-agency Joint Advocacy Initiative against HIV/AIDS to enlist African leaders' political commitment and financial support to combat the epidemic. Following a planning meeting of the Initiative in New York in 2000, a needs assessment mission was undertaken in six African countries. The final report on these assessments is being used for designing and implementing advocacy programmes for other

countries. UNFPA has also supported a network of African women ministers and parliamentarians who meet every two years to address reproductive health issues, including HIV/AIDS. The last such meeting, organized in collaboration with the Government of Namibia, was held in Windhoek (July 2000), where delegates from 44 countries emphasized the importance of addressing the challenges of HIV/AIDS, especially among youth and adolescents in Africa. Another important event was the Dakar World Education Forum (April 2000), in which UNFPA, in support of a United Nations special initiative, advocated "Education for All Young People", in and out of school, and underscored the need for education of girls.

10. Similar advocacy activities have been undertaken in other regions. In the Arab States, advocacy has opened up the discussion of STDs and HIV/AIDS as part of reproductive health programmes. In Asia, UNFPA, in collaboration with the Asian Forum of Parliamentarians on Population and Development (AFPPD) and UNAIDS, has supported efforts to sensitize parliamentarians and policy makers concerning HIV/AIDS issues through the Workshop on HIV/AIDS for Asian Parliamentarians (1999) and the Regional Workshop on Adolescent Reproductive Health (2000), both in Thailand. In Latin America and the Caribbean, UNFPA supported the Latin American Regional Meeting on Adolescent Reproductive Health in collaboration with the Government of Costa Rica (1997) and the first meeting of Caribbean Parliamentarians on Population and Development in Trinidad and Tobago (1999). UNFPA participated in the Annual Parliamentarians Forum, in December 2000, to promote, specifically, HIV prevention within the context of poverty reduction and debt relief.

11. Protection of adolescents. One of the Fund's main strategies has been working with Governments and national partners to promote programmes and policies that will advance the reproductive health and well-being of a country's population. Since the ICPD, UNFPA has focused especially on the reproductive and sexual health needs of adolescents, one of the key areas cited in the ICPD Programme of Action and reiterated in the ICPD+5 review. UNFPA has worked, for example, with the Government of the Islamic Republic of Iran to improve adolescent reproductive health consonant with the country's cultural context. In Botswana, the Philippines and Uganda, among other countries, UNFPA has supported the establishment of peer-counselling programmes which include HIV-prevention messages. For many years, UNFPA has supported programmes to educate young people and teach them life skills both in and out of school settings. By 1999, UNFPA was supporting HIV/AIDS-related IEC interventions in 131 countries. Through its population education and family life education (FLE) programmes and its support for the revision of curricula, UNFPA helped integrate HIV-prevention education into some 66 school systems throughout the world. Messages on preventing HIV have also been conveyed through the media, public-service announcements, poster and essay competitions, and seminars, workshops and conferences. A 52-episode TV series in Nigeria, "I Need to Know", is one such example of this support to the media.

12. Condom promotion. UNFPA is the largest international supplier of condoms and has systematically supported interventions to promote condom use. Its comparative advantages in this area have been recognized and valued by other co-sponsors of UNAIDS. UNFPA provided support for the distribution of condoms in 119 countries in 1999, compared with 30 countries in 1991. It also procured $US 3.4 million worth of condoms, responding to 46 requests from countries to procure condoms with UNFPA core funds.[4] The Fund is supporting the supply of female condoms to 27 countries, including Angola, Brazil, Mongolia, South Africa and Zimbabwe. In addition, the Commodity Management Unit (formerly the Global Initiative on Reproductive Health and Commodity Management) at UNFPA headquarters manages a database on reproductive health commodities, including condoms. The Commodity Management Unit, in collaboration with the UNFPA Procurement Unit, also administers the Global Contraceptive Commodity Programme, including a revolving fund that maintains buffer stocks of essential commodities to expedite delivery of condoms to the requesting countries.

13. Promotion of gender perspectives. UNPFA has promoted gender equality and women's participation in decision-making in its support for policies and programmes in programme countries, including Angola, the Dominican Republic, Ecuador, Mexico, Peru and Swaziland. An urgent priority for UNFPA has been to enable girls and women to protect themselves against sexually transmitted and HIV infections. For physiological, social and economic reasons, women face a greater risk of HIV infection than men do. In several African countries, girls in the 15-19 year age group are five times more likely to be infected than are boys in that age group. UNFPA has supported efforts to empower women and to enhance their ability to communicate with their husbands or partners and to negotiate for safer sexual practices. At the African Development Forum in December 2000, UNFPA organized a panel on HIV/AIDS and gender issues to provide opportunities for in-depth discussion and better understanding of gender perspectives of the epidemic.

14. Involvement of men in HIV/AIDS prevention. UNFPA has continued to promote the greater involvement of men in HIV prevention.[5] Men play a part in almost every case of transmission and have more sexual partners and more control over decisions regarding sex than women do. By 1999, UNFPA was supporting activities related to gender issues in 112 countries, addressing the role of men and boys in preventing HIV infection in many of these. The reproductive health sub-programme in Namibia, for example, includes gender-sensitization workshops, condom programming, and training in counselling to increase men's involvement in safer sexual and reproductive health decisions. In parts of Africa, Asia and Central America, UNFPA supports services, information and counselling to encourage long-distance truck drivers to adopt safer sexual practices. UNFPA also supports programmes for the armed forces of

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[4] *AIDS Update 1999*, p. v.

[5] UNFPA, *Partners for Change: Enlisting Men in HIV/AIDS Prevention* (New York, 2000).

several countries to generate greater awareness of unequal gender relations and violence against women, both of which are related to the spread of HIV/AIDS.

15. Provision of information and services in emergency situations. UNFPA has collaborated with other organizations, especially the United Nations High Commissioner for Refugees (UNHCR) and the International Red Cross, in supporting rapid needs assessments, delivery of reproductive health services, provision of commodities and the training of service providers. Interventions to prevent HIV/AIDS form an integral component of UNFPA's support. The Fund has provided reproductive health kits along with technical support in Afghanistan, Albania, Bosnia and Herzegovina, East Timor, Eritrea, Ethiopia, Guinea-Bissau, Kosovo, Mongolia, Mozambique, Rwanda, the United Republic of Tanzania and Zimbabwe and, in response to natural disasters, in India, Madagascar, Mozambique, Turkey, Venezuela and Zimbabwe.[6]

16. Coordination of country-level activities. Increasingly, UNPFA has been working with UNAIDS co-sponsors, the UNAIDS secretariat and other partners in theme groups at the country level. The theme groups provide coordination among United Nations agencies and organizations, between the United Nations bodies and the national AIDS programmes and, in some countries, among United Nations bodies, NGOs and donor organizations. In 1999, UNFPA took part in UNAIDS theme groups in 130 countries, chairing the theme groups in 22 countries.

17. Capacity-building. Interventions for HIV prevention have been integrated into all capacity-building assistance that UNFPA has provided to Governments and NGOs for population and reproductive health programmes, including training for health providers and peer educators. Training for regional and national trainers in HIV prevention is also a part of the curriculum at the UNFPA-supported Regional Training Centre in Côte d'Ivoire.

18. The three UNFPA Country Technical Services Teams (CSTs) in Africa and the CST in Bangkok have been trained to integrate HIV prevention into their respective activities. Training for the other teams and UNFPA staff is being planned. In addition, eight of the nine teams have been strengthened by the addition of HIV specialists through support from UNAIDS and the Swedish International Development Cooperation Agency (Sida).

III. LESSONS LEARNED: CONSTRAINTS AND CHALLENGES

19. UNFPA has learned much from its greatly expanded efforts over the last decade to promote HIV prevention in reproductive health programmes. Programmes for sexual and reproductive health not only provide needed information and services but also serve as entry points for

[6] See UNFPA, *HIV/AIDS in Crisis Situations* (New York, 1999), a review of UNFPA-supported HIV/AIDS-related projects in refugee camps and emergencies.

addressing the social and behavioural changes that can slow the spread of the HIV infection. Among the challenges, there is the continued need to further increase capacity within the Fund to effectively programme HIV/AIDS interventions within UNFPA country programmes. In this context, it is necessary to develop strategies and tools to make an adequate contribution to this area. In-house reporting mechanisms that permit regular assessments of experiences and achievements in HIV prevention are limited and need to be strengthened. Moreover, because HIV-prevention efforts have generally been integrated into programmes and projects dealing with reproductive health or gender issues or adolescents, it is difficult to identify precisely the contributions of those efforts and give them due recognition. Continued efforts are required to further focus UNFPA interventions to those activities for which the Fund offers strong comparative advantages and to ensure complementarily with other partners.

20. UNFPA has extensive experience in addressing such sensitive subjects as family planning and sexual health as well as behavioural change. Therefore, the Fund has a comparative advantage in making a significant contribution to preventing HIV infection. Along with other UNAIDS co-sponsors and the UNAIDS secretariat, UNFPA has found that prevention works, is cost effective and is feasible.[7] Among the indications of progress, surveillance testing in urban areas of Uganda reveals a 40 per cent drop in HIV prevalence among pregnant women, associated with delayed first sexual intercourse, increased condom use and fewer sexual partners. Similarly, in the United Republic of Tanzania, HIV prevalence fell by 60 per cent over a period of six years in areas with active prevention programmes. In Senegal, prevention efforts apparently stabilized HIV rates at low levels among sexually active adults. In Thailand, prevention efforts resulted in decreases in HIV prevalence among both pregnant women and young male soldiers.[8] In Thailand and elsewhere, the 100 per cent condom policy has been credited with helping to reduce HIV prevalence. Strong political commitment was the common thread in all countries with positive experiences. UNFPA support has contributed to the positive changes in these countries.

21. In recognition of the need to intensify action against HIV/AIDS because of its adverse effect on health and socio-economic development, UNFPA undertook an independent thematic evaluation of its support for HIV-related interventions in seven countries in 1997/98. The evaluation, conducted by teams of independent experts, found that UNFPA made valuable contributions to incorporating HIV/AIDS-prevention considerations into country-level activities.[9] However, the evaluation also reported that UNFPA needed to adopt more proactive, systematic planning, to establish indicators for monitoring performance and to strengthen

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[7] UNAIDS, Framework, paragraph 15.

[8] The data in this paragraph for Uganda, the United Republic of Tanzania, Senegal and Thailand are from *AIDS Update 1999*, p. 8.

[9] UNFPA, *UNFPA Support to HIV/AIDS-Related Interventions*, Evaluation Report No. 16 (New York, UNFPA, 1999), p. 41.

communication between headquarters and the field. It recommended that UNFPA, in collaboration with other partners, should promote awareness and build technical expertise and HIV/AIDS programme management competence within UNFPA through communication, training and workshops in order to keep up to date and active in the HIV/AIDS field. To respond more effectively to the HIV/AIDS epidemic, UNFPA also needs to support the scaling up of many efforts from the pilot phase to national coverage and to ensure that programmes and projects deal with HIV prevention in a focused and coordinated fashion.

IV. STRATEGIC DIRECTIONS FOR 2001-2005

22. The UNFPA strategy with respect to HIV prevention in the years 2001-2005 reflects the Fund's commitment to expanding access to reproductive and sexual health services in line with the goal of the ICPD to ensure universal access by the year 2015, and the commitment especially to HIV prevention as part of adolescent reproductive health; to the prevention of HIV infection in mothers and its transmission to their children; to the training of health-care providers in STDs and HIV/AIDS; to IEC and counselling on responsible sexual behaviour and to the provision of a reliable contraceptive supply (see paras. 2 and 4 above). The discussion of the Fund's programming priorities is followed by a discussion of the implications of the strategy for effective partnerships, and the institutional and resource requirements needed to achieve priority goals.

A. Programming priorities

23. At its annual session in June 2000, the Executive Board reviewed and endorsed the future strategic directions for UNFPA.[10] In line with the Board's recommendations, the Fund's priorities in the 2001-2005 period would be to continue to focus on HIV prevention through advocacy and IEC and through the integration of attention to HIV prevention in national reproductive health programmes. Advocacy efforts at both the country and intercountry levels would aim at fostering a supportive environment and increasing the commitment and support of policy makers for population and reproductive health and rights. IEC efforts would focus chiefly on promoting behavioural change, especially among youth and adolescents. In the integration of HIV prevention interventions in reproductive health programmes, special attention would be given to adolescent reproductive and sexual health, condom (both male and female) programming, and prevention of HIV infection transmission to mothers and children. Specific interventions would be identified when developing or reviewing progress of sub-programme activities in programme countries to ensure incorporation of low-cost interventions to mainstream HIV-prevention activities in the ongoing country programmes. The country programmes for 2001-2005, including those for Burkina Faso, Chad, Cambodia, Ghana,

[10] UNFPA, Future programme directions of UNFPA in light of the outcome of the five year review of the International Conference on Population and Development (ICPD+5) (DP/FPA/2000/9), 15 May 2000.

Indonesia, Namibia and Uganda, already reflect these emphases. In the implementation of its support for HIV prevention, UNFPA would be guided by the recommendations of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), being convened in June 2001. The Fund is actively involved in supporting preparations for the Special Session through participation in the process led by the UNAIDS secretariat.

24. HIV-prevention as part of adolescent reproductive health. UNFPA would further strengthen its support to HIV-related interventions for both in-school and out-of-school youth and adolescents. It would, therefore, contribute to meeting the targets set by the 1999 General Assembly Special Session[11] for the reduction of HIV prevalence among those in the 15-24 age group, who account for about half of new HIV/AIDS infections. Evidence suggests that comprehensive education through formal and non-formal education systems can contribute to delayed sexual activity and to reduced HIV-infection rates. In the 2001-2005 period, UNFPA would develop and promote a global strategy on sexual and reproductive health, with emphasis on sexuality education and HIV prevention. A desk review of existing population education programmes is being undertaken to develop strategies for reorienting them and improving the quality of curricular and teaching materials, ensuring gender sensitivity and the inclusion of HIV-prevention education at appropriate levels. UNFPA would strengthen support for, inter alia, the creation of pre- and in-service teacher training packages on HIV/AIDS education; the promotion of linkages between schools and community services, particularly reproductive health services; and the promotion of partnerships between parents, community leaders, religious leaders and policy makers in developing and implementing family life education.

25. For young people who are already sexually active, UNFPA would continue to support the development of "youth-friendly" services to help them adopt safer behaviour. This would entail support for peer education and peer support programmes, particularly for the most vulnerable young people, to be undertaken in collaboration with other United Nations agencies and partners. In this connection, UNFPA would support the provision to young people of information, counselling and services, appropriately tailored to the specific cultural context, including the promotion of condoms for dual protection from sexually transmitted infections (STIs), HIV and unwanted pregnancy.

26. Condom programming and commodity security. As the designated focal point within UNAIDS for condom programming, UNFPA has developed a strategy on reproductive health commodities to be integrated into all UNFPA-supported and national reproductive health programmes.[12] This strategy involves the coordinated active participation of many partners at

[11] United Nations General Assembly, Twenty-first special session of the General Assembly for an overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development: Report of the Secretary-General (A/54/442), 5 October 1999, paragraph 24 (e).

[12] "A Global Strategy for Reproductive Health Commodity Security", UNFPA, 2000.

global and national levels, including Governments, donors, United Nations agencies and organizations, foundations, NGOs and the private sector. Under this strategy, UNFPA would, among other things, strengthen internal coordination, at headquarters, among the Commodity Management Unit, the Procurement Unit, the Global Contraceptive Commodity Programme and other headquarters units and branches and, in the field, with CSTs and the Fund's country offices. Thus, UNFPA proposes to further strengthen the support to comprehensive condom programming, including support for capacity building in forecasting commodity supply requirements in general, for training national staff in procurement, for social marketing distribution systems, for training national staff in logistics management as part of quality assurance, and to address user needs and perspectives to ensure increased acceptability and use of male and female condoms.

27. The activities undertaken under the new strategy would be incorporated into programme reviews, country programme assessments (CPAs), programme development exercises and, increasingly, into such broader mechanisms as the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF). UNFPA would fully integrate the work of the Commodity Management Unit into UNFPA-supported country programmes. It would also expand the Commodity Management Unit's database, which focused during the 1990s on contraceptive commodities, to other reproductive health commodities, including those for the prevention and management of reproductive tract infections (RTIs) and STDs, and the prevention of AIDS. The database would also be used to track and identify gaps in donor, government and private-sector support for commodity supply.

28. Prevention of HIV infection in mothers and its transmission to their children. UNFPA would continue to collaborate with UNAIDS, UNICEF and WHO on activities related to prevention of HIV infection in mothers and its transmission to their children. The main focus of UNFPA support in this area would be to strengthen the "M" in these interventions, that is, to improve the integration of HIV-prevention interventions into antenatal and safe delivery services. UNFPA would support the preparation of technical tools for maternal-care providers to reduce the risk of infection in pregnant women themselves and its transmission to their children and to the HIV-negative partners. This would include issues such as counselling and testing to determine HIV status; counselling on breast-feeding and safe sexual behaviour; the provision of male and female condoms; and provision of safe delivery practices. The training of maternal-care providers would form an integral component of an intervention package to be implemented in countries, jointly with other partners, UNICEF and WHO in particular.

29. Male involvement in the prevention of HIV. The critical role of men in the spread of HIV makes it important for the Fund to give increased attention to interventions to reach men, especially men who are separated from their families for long periods of time. Support would be provided for such activities as communication to change behaviour, STD diagnosis and treatment

and HIV testing and counselling, condom distribution and improved access to and use of condoms.

30. Emergency and conflict situations. STIs and HIV infection spread more quickly in situations of social and political instability, such as conflicts or population displacements. UNFPA proposes to strengthen its contribution to addressing the rights of refugees and other displaced populations to reproductive health. Efforts for STI/HIV prevention, as an integral component of the package of support in conflict situations, would be continued. Proposed activities would include the provision of reproductive health kits; the training of service providers to diagnose and treat curable STIs; the development of IEC activities; and the development of counselling programmes to help individuals manage and deal with traumatic experiences, including violence and rape, and to make informed decisions about safer sex. UNFPA would continue to actively collaborate with the UNAIDS Humanitarian Unit, including in joint assessments, such as missions to Eritrea, Ethiopia and Sierra Leone to assess the impact of conflict on the HIV/AIDS epidemic and on ways to protect the local population and peacekeepers. Following these missions, projects have been developed for HIV prevention during the demobilization process.

31. Capacity-building. UNFPA, in collaboration with other partners, through the theme groups at the national level, would intensify efforts to built national capacity to plan, implement and manage HIV/AIDS interventions. Capacity-building of national counterparts would be an important strategy in reproductive health, including regional-level training and country-level technical backstopping. Towards this end, UNFPA would make special efforts to strengthen its institutional capacity through staff training (see para. 38).

32. To help countries design and monitor effective policies and programmes, UNFPA would, as part of population-based qualitative studies on reproductive health, include a component on STI/HIV prevention in order to identify gender dimensions of HIV/AIDS and sexual behaviour patterns contributing to HIV infection, including in relation to cross-border migrations.

B. Implications of the proposed strategy for global, regional and national partnerships

33. The Fund's support for HIV prevention would be undertaken in collaboration with UNAIDS and other UNAIDS co-sponsors. In addition, UNFPA would develop closer collaboration with other organizations and agencies of the United Nations system, including all partners in the United Nations Development Group; with multilateral and bilateral donors; and with regional development banks. It would also utilize global mechanisms such as the WHO/UNICEF/UNFPA Coordinating Committee on Health, which recommended strengthened collaboration between the three organizations on, inter alia, HIV/AIDS and adolescent health. UNFPA would continue to work with the United Nations Development Fund for Women

(UNIFEM) and others on the introduction of gender-based violence considerations in reproductive health care and with other United Nations agencies and organizations, including the United Nations High Commissioner for Refugees (UNHCR), United Nations Office for Project Services (UNOPS), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and the World Food Programme (WFP). In Africa, it collaborates with the United Nations Special Initiative on Africa through the International Partnership against HIV/AIDS in Africa (IPAA). In Europe, it collaborates with UNAIDS and the WHO Regional Office for Europe in implementing a regional strategy to curb STDs/HIV/AIDS, and in Asia it chairs the Regional Inter-Agency Thematic Committee on HIV/AIDS.

34. In addition to the Fund's central focus on the prevention of HIV, UNFPA has, along with UNICEF, WHO, the World Bank and the UNAIDS secretariat, attempted to increase access to care by seeking to widen the range of medications and to expand the number of potential suppliers.[13] The Fund's extensive experience in procurement gives it a special advantage in negotiating lower prices for commodities, including drugs for HIV/AIDS prevention, treatment and care.

35. UNFPA has already forged many partnerships with international and national NGOs. By 1999, NGOs were implementing UNFPA-supported HIV/AIDS activities in 115 countries.[14] To develop gender-sensitive approaches for HIV/AIDS-related programmes, UNFPA would strengthen its partnerships with such groups as Partners in Safe Motherhood and Save the Children, as well as with human-rights and women-centred NGOs and government ministries for women, social services and justice. In Africa, in particular, UNFPA would aim at strengthening regional networks of lawmakers, parliamentarians, civil society organizations, and religious and other leaders to heighten support for regional priorities, including HIV prevention.

C. Implications of the proposed strategy for the mobilization of resources

36. Because of the great number of requests from Governments and the magnitude of the funds required to address HIV/AIDS interventions, UNFPA has made special efforts to secure funding from traditional and less traditional sources. It is working with bilateral donors both in developing programmes and projects and in the overall effort to ensure that the resources pledged at the ICPD materialize. Since the ICPD, UNFPA has urged donor countries to provide the funds needed so that access to reproductive health services can be universal by the year 2015. Thus far, there has been a shortfall in the projected amounts needed for this purpose.[15] In January 2001, UNFPA reported substantial contributions from the Netherlands and the United Kingdom for reproductive health commodities, including those for management of STIs and HIV

[13] UNAIDS, Report by the Executive Director, UNAIDS/PCB(10)/00.2, p. 9.

[14] UNFPA, Preventing HIV Infection: Protecting Reproductive Health (New York, UNFPA, n.d.), p. 9.

[15] In addition, because of a four-year decline in donor contributions, UNFPA activities in support of HIV/AIDS prevention, as in all aspects of its programming, were severely curtailed in 1999 and 2000.

prevention. These contributions would help offset a shortfall in supplies, including male and female condoms for HIV prevention and other reproductive health commodities, as demand in many countries is far exceeding the supply.

37. UNFPA seeks to increase its technical and financial resources to respond to the challenge of HIV prevention. In partnership with international NGOs and other United Nations agencies and organizations, UNFPA has been able to mobilize additional resources from foundations, including the Bill and Melinda Gates Foundation, for preventing HIV/AIDS among young people in four African countries (Botswana, Ghana, Uganda and the United Republic of Tanzania) and the Turner Foundation for the inclusion of HIV prevention in adolescent reproductive health programmes in selected African countries (including Benin, Burkina Faso, Mali, Sao Tome and Principe, and Senegal). In Asia, European Union/UNFPA initiatives are supporting adolescent reproductive health programmes, including HIV-prevention activities, in seven countries (Bangladesh, Cambodia, the Lao People's Democratic Republic, Nepal, Pakistan, Sri Lanka and Viet Nam).

D. Implications of proposed strategy for UNFPA institutionally

38. UNFPA recognizes the critical need to reinforce its institutional capacity at headquarters and in the field so that it can contribute to addressing the HIV epidemic and appropriately strengthen national capacities. Towards this end, UNFPA is developing an institutional strategy and the much-needed technical tools for strengthening its HIV-prevention efforts as part of reproductive health programmes. In collaboration with the UNAIDS secretariat and other partners, UNFPA would support regional workshops similar to those held in Dakar in 1999 for UNFPA CST specialists and field offices in Africa, and for Asian parliamentarians in Thailand. UNFPA is also strengthening mechanisms to communicate with the field offices and to disseminate updates on relevant programmatic implications of specific issues related to HIV prevention. The Fund needs to document and share experiences and best practices on specific aspects of HIV/AIDS.

39. Strengthening training and networking. In the 2001-2005 period, UNFPA would intensify its support to the country offices, which are on the front line of helping countries deal with the epidemic. Towards this end, it has instituted an interdivisional working group on HIV/AIDS. The mandate of this working group is to facilitate the exchange of information, the planning of Fund strategies and interventions, and the development of a coordinated UNFPA response. After the institutional strategy and technical tools have been developed, the technical capabilities of staff would be enhanced through regional training workshops. UNFPA, together with the United Nations Staff College in Turin, is already preparing distance-learning modules on reproductive health, with specific modules on HIV/AIDS. This endeavour would also serve as a useful training modality for UNFPA staff.

40. Monitoring and evaluation mechanisms. The monitoring and evaluation of HIV/AIDS-prevention activities in country-level and regional and interregional programmes would be undertaken in accordance with standard UNFPA guidelines and, in particular, the recently instituted results-based management system. This system permits the identification of clear goals, outputs, indicators, strategies and resources; it also permits the regular monitoring of performance, and feedback into, programmes and projects. The logical frameworks of the country programmes would continue to be updated to reflect the inclusion or the strengthening of existing components dealing with HIV/AIDS prevention.

V. CONCLUSION

41. Through its active collaboration with UNAIDS and other UNAIDS co-sponsors, UNFPA has worked with Governments, NGOs, the media, the private sector and the entire United Nations system to respond to the epidemic. UNFPA is well positioned to assist countries in taking the actions necessary for preventing the spread of HIV infection. UNFPA has more than three decades of experience in advocacy on difficult and sensitive issues in IEC for behaviour modification and on gender issues. It has a network of field offices and CSTs that are experienced in dealing with these issues. Moreover, UNFPA is the most important supplier of reproductive health commodities and the largest international provider of condoms. UNFPA is a strong team player within UNAIDS and with a broad array of civil society partners. All these strengths would be brought to bear as part of the Fund's contribution to forging an appropriate response to the epidemic.

VI. ELEMENTS OF A DECISION

42. The Executive Board may wish to:

(a) Take note of this report;

(b) Endorse the proposed substantive focus for the years 2001-2005 with respect to HIV/AIDS as set forth in this report;

(c) Endorse the Fund's overall approach to collaboration and coordination with UNAIDS and the United Nations Development Group, and with other United Nations agencies and organizations, NGOs and the private sector;

d) Note the critical need for increased resources from all sources so that UNFPA can make its special contribution to the efforts of the United Nations system to curb and reverse the spread of HIVAIDS.